

DEPARTMENT OF COMMUNITY DEVELOPMENT – BUILDING INSPECTION  
**APPLICATION FOR A GARDEN/UTILITY SHED (<150 SF)**

\*\*OPTIONAL SAME DAY PERMIT IF SUBMITTED PRIOR TO 3:30 P.M.  
(Subject to Staff Availability.)

Permit No. \_\_\_\_\_

Job Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Initials The undersigned hereby applies for a permit to do work herein described according to the plans and specifications filed herewith. The undersigned assures that the above mentioned plans and specification have been designed to comply with all building, zoning and health ordinances and all other ordinances of the City of Waukesha as well as all applicable laws and orders of the State of Wisconsin.

\_\_\_\_\_  
Initials The shed is no more than 150 sq. ft. in area.

\_\_\_\_\_  
Initials **I have read and understand the codes and requirements of Section 22.58 of the City of Waukesha Municipal Codes. My plans reflect and comply with all limitations included therein.**

**Contracting Company** \_\_\_\_\_ Dwelling Contractor Certification # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Contractor's Name: \_\_\_\_\_ Dwelling Contractor Qualifier # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Address \_\_\_\_\_ Contractor's Registration # \_\_\_\_\_ Exp Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ **ESTIMATED COST:** \_\_\_\_\_

**Owner** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**This is a (Circle one) Single-Family or Duplex?**

\*\*Permits will be issued on the same day as received if the properly completed application form is submitted prior to 3:30 p.m. on days when the office is open for business. (Subject to staff availability.) The use of this optional form applies to those alteration projects which are limited in scope as spelled out on the appropriate application form. The issuance of this permit does not relieve the applicant and/or owner of their responsibility to be in compliance with all code requirements and the applicant accepts any and all risks and liabilities. If your project does not fit under the strict limitations associated with this application, use one of the regular applications.

\_\_\_\_\_  
Print Applicant's Name Age Email Address  
\_\_\_\_\_  
Signature of Applicant / Date Signature of Approval / Date

- FOR OFFICE USE ONLY -

Size _____	Plan Review	\$ 50.00
Zoning District _____	Permit - .30/sf	\$ _____
_____ Initials of Receiver	Assessor Fees (Res \$10)	\$ 10.00
<b>Res. needs 2 sets of plans, 1 digital Needs Plat of Survey Only needs a BUILDING FINAL</b>	Copies/Scan Fees	\$ _____
	<b>TOTAL</b>	\$ _____

**RESIDENTIAL (includes 1 & 2 Family)**

If the project is attached to the Residence, Contractor must have the following:

**DWELLING CONTRACTOR CERTIFICATION**

Is issued by the State to insure the contractor complies with:

1. Worker's compensation requirements.
2. Unemployment compensation requirements
3. Liability or bond insurance requirements.

AND

**DWELLING CONTRACTOR QUALIFIER**

Is issued by the State after the contractor has completed 12 hours of approved training and has passed an exam.

**FOR COMMERCIAL (includes Multi-Family over 2 units)**

**CONTRACTOR REGISTRATION NUMBER**

Is issued by the State and required of any contractor who:

1. Works on public buildings
2. Works on places of employment
3. Works on one and two family dwellings
4. Works on public swimming pools or water attractions.

A Registration number is not required if the contractor has:

1. Dwelling Contractor Certification
2. Dwelling Contractor Certification – restricted
3. Manufactured Home Installer license
4. Electrical Contractor Certification
5. Electrical Contractor Certification-restricted
6. HVAC Contractor license
7. Elevator Contractor license